



**STATE OF NORTH CAROLINA**  
**OFFICE OF STATE BUDGET AND MANAGEMENT**


BEVERLY EAVES PERDUE  
GOVERNOR

ANDY WILLIS  
STATE BUDGET DIRECTOR

September 2, 2011

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate  
Representative Thom Tillis, Speaker of the House of Representatives

FROM: Andy Willis   
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.4 of Session Law 2010-31 (Senate Bill 897), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to [andy.willis@osbm.nc.gov](mailto:andy.willis@osbm.nc.gov).

Thank you.

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## Notification of Application for Grant Funds/Awards, 2011-12

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Instructions at [http://www.osbm.state.nc.us/files/pdf\\_files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf)

- 1 Department .....  
 2 Division (except in DHHS) .....  
 DHHS only, choose division from drop down list .....  
 3 Contact person (name) .....  
 4 Phone number .....  
 5 E-mail .....  
 6 Funding Entity (grantor) .....

Department of Insurance  
 Market Conduct  
 Tracy Biehn  
 919-807-6872  
 Tracy.Biehn@ncdoi.gov  
 Signatory Regulators/Alstate Insurance Company

- 7 CFDA number .....  
 8 Grant title .....

Alstate Market Conduct Training/Settlement

- 9 Grant application deadline (MM/DD/YY) .....  
 10 Start date of grant (MM/DD/YY) .....  
 11 End date of grant (MM/DD/YY) .....  
 12 Application type .....  
 13 Is this grant already in agency's continuation budget?  
 14 Budget code the grant will be expended in (XXXX) .....  
 15 Fund code (XXXX or NA) .....  
 16 Is there a state matching requirement?  
 17 If yes, what is the matching requirement? .....

1201/10  
 1201/15  
 Continuation/renewal  
 No  
 23902  
 2236  
 No

- 18 If yes, what is the source of state funds being used to match grant funds .....  
 19 Is there a maintenance of effort (MOE) requirement?  
 20 If yes, what is the MOE? .....

- 21 Is an additional General Fund appropriation required to meet the state match requirement? .....  
 22 Will any of these funds be passed through to local governments or non-state entities? .....  
 23 If yes, identify affected entities by type .....  
 24 Will additional state monies be required to continue the program if grant expires or is reduced?  
 25 If yes, is this a requirement of the grant? .....  
 26 Are new FTEs funded through the grant? .....

No  
 No  
 No  
 No  
 No  
 No  
 No

- 27 If yes, give the number by type for each year: Permanent  
 28 Amount of grants funds applied for in each year .....  
 29 Amount of grants funds awarded in each year .....  
 30 Purpose of grant or amendment .....

		For 2011-12					
		Complete either Authorized or Proposed					
SFY 2010-11		SFY 2011-12		SFY 2011-12		SFY 2012-13	
Actual		Authorized		Proposed		Proposed	
						</	